


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	KNOWN GOOD DIE REMOVAL METHOD AND APPARATUS		
Application Type : regular, utility			
Attorney Docket Number : FIS920030276US1			
Correspondence address:			
Customer Number:		29371	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Lannie		
<b>Middle Name:</b>	R.		
<b>Family Name:</b>	Bolde		
<b>Residence:</b>			
<b>City of Residence:</b>	New Paltz		
<b>State of Residence:</b>	NY		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	1365 Old Ford Road		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	New Paltz		
<b>State of Mailing Address:</b>	NY		
<b>Postal Code of Mailing Address:</b>	12561		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Jac		
<b>Middle Name:</b>	A.		

**Family Name:** Burke  
**Residence:**  
**City of Residence:** Lake Katrine  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 31 Mary Ave.  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Lake Katrine  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12449  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Kevin  
**Middle Name:** C.  
**Family Name:** Gallagher  
**Residence:**  
**City of Residence:** Wappingers Falls  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 1 Taryl Court  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Wappingers Falls  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12590  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Howard  
**Family Name:** Hutchinson  
**Residence:**  
**City of Residence:** Wappingers Falls

**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 8 Clapp Ave., Apt. 7  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Wappingers Falls  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12590  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 5:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Juan  
**Middle Name:** C.  
**Family Name:** Jeri  
**Residence:**  
**City of Residence:** Port Ewen  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 18 St. Joseph Blvd.  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Port Ewen  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12466  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

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**Suggested Technology Center -**  
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Assignee 1:

**Organization Name:** International Business Machines Corporation  
**Address-1 of Mailing Address:** New Orchard Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Armonk

<b>State of Mailing Address:</b>	NY
<b>Postal Code of Mailing Address:</b>	10504
<b>Country of Mailing Address:</b>	US
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	